

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

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BY: B. A.
(MIDDLE)

NAME OF FILER

ALEJO

(FIRST)

LUIS

A.

1. Office, Agency, or Court

Agency Name

STATE ASSEMBLY

Division, Board, Department, District, if applicable

28th Assembly District

Your Position

State Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2011, through December 31, 2011.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: -6-

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/28/2012
(month, day, year)

Signature (c)(1)

SCHEDULE D
Income – Gifts

Name

Luis A. Alejo

► NAME OF SOURCE

CA Applicants Attorneys Association

ADDRESS (Business Address Acceptable)

1303 J Street, Ste 420, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/21/11</u>	<u>\$110.⁰⁰</u>	<u>Conference Hotel Lodging</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE

Democrat Caucus

ADDRESS (Business Address Acceptable)

777 S. Figueroa St, Ste. 4050, Los Angeles 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/9/11</u>	<u>\$ 120.⁰⁰</u>	<u>Caucus Dinner</u>
<u>2/9/11</u>	<u>\$ 84.30</u>	<u>Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE

Sempre Energy

ADDRESS (Business Address Acceptable)

101 Ash Street, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/13/12</u>	<u>\$ 90.08</u>	<u>Transportation</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE

California Democratic Party

ADDRESS (Business Address Acceptable)

1401 21st Street, Ste 200, Sacramento 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/8/11</u>	<u>\$ 117.09</u>	<u>Caucus Dinner</u>
<u>3/30/11</u>	<u>\$ 86.82</u>	<u>Freshman Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE

Barona Band of Mission Indians

ADDRESS (Business Address Acceptable)

945 Fourth Avenue, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/12/11</u>	<u>\$ 132.58</u>	<u>Dinner/Transportation</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE

L.A. Cetto Winery

ADDRESS (Business Address Acceptable)

Constitucion 2108 Hidalgo, Tijuana 22130

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/13/12</u>	<u>\$ 200.⁰⁰</u>	<u>Wine/Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Pebble Beach Company
 ADDRESS (Business Address Acceptable)
2590 17 Mile Drive, Pebble Beach, CA 93953
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/21/11</u>	<u>\$170.00</u>	<u>Concours Tickets</u>
<u>/ /</u>	<u>\$</u>	
<u>/ /</u>	<u>\$</u>	

► NAME OF SOURCE
George Couch Jr
 ADDRESS (Business Address Acceptable)
120 Lee Road, Watsonville, CA 95076
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/5/11</u>	<u>\$400.00</u>	<u>Panetta Institute Dinner</u>
<u>/ /</u>	<u>\$</u>	
<u>/ /</u>	<u>\$</u>	

► NAME OF SOURCE
Mi Pueblo Foods
 ADDRESS (Business Address Acceptable)
1775 Story Road, San Jose, CA 95122
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/23/11</u>	<u>\$100.00</u>	<u>20th Anniversary Dinner Event</u>
<u>/ /</u>	<u>\$</u>	
<u>/ /</u>	<u>\$</u>	

► NAME OF SOURCE
Kathy Garcia - Garcia Boxing
 ADDRESS (Business Address Acceptable)
1764 Pescadero Drive, Salinas, CA 93906
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/28/11</u>	<u>\$130.00</u>	<u>Salinas Boxing Tickets</u>
<u>9/2/11</u>	<u>\$130.00</u>	<u>Salinas Boxing Tickets</u>
<u>/ /</u>	<u>\$</u>	

► NAME OF SOURCE
UC Berkeley
 ADDRESS (Business Address Acceptable)
2130 Center Street, Ste 200, Berkeley, CA 94720
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/15/11</u>	<u>\$155.00</u>	<u>Cal Game Tickets</u>
<u>/ /</u>	<u>\$</u>	
<u>/ /</u>	<u>\$</u>	

► NAME OF SOURCE
CCPOA
 ADDRESS (Business Address Acceptable)
1415 L Street, Ste 410, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/15/11</u>	<u>\$126.16</u>	<u>Dinner</u>
<u>/ /</u>	<u>\$</u>	
<u>/ /</u>	<u>\$</u>	

Comments: _____

SCHEDULE D

Income – Gifts

<div>NAME OF SOURCE</div> <div>California Salinas Rodeo</div> <div>ADDRESS (Business Address Acceptable)</div> <div>1034 N. Main Street Salinas, CA 93906</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div> <div>DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)</div> <div>7/24/11 \$100.00 Tickets</div> <div>/ / \$</div> <div>/ / \$</div> </div>	<div>NAME OF SOURCE</div> <div>Bay Area Council</div> <div>ADDRESS (Business Address Acceptable)</div> <div>200 California #1450, San Francisco, CA 94111</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div> <div>DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)</div> <div>8/29/11 \$120.00 Dinner</div> <div>/ / \$</div> <div>/ / \$</div> </div>
<div>NAME OF SOURCE</div> <div>CA Medical Association</div> <div>ADDRESS (Business Address Acceptable)</div> <div>1201 J. Street, Suite 200</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div>Sacramento CA 95814</div> <div> <div>DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)</div> <div>3/22/11 \$50.00 Dinner</div> <div>/ / \$</div> <div>/ / \$</div> </div>	<div>NAME OF SOURCE</div> <div></div> <div>ADDRESS (Business Address Acceptable)</div> <div></div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div></div> <div> <div>DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)</div> <div>/ / \$</div> <div>/ / \$</div> <div>/ / \$</div> </div>
<div>NAME OF SOURCE</div> <div></div> <div>ADDRESS (Business Address Acceptable)</div> <div></div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div></div> <div> <div>DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)</div> <div>/ / \$</div> <div>/ / \$</div> <div>/ / \$</div> </div>	<div>NAME OF SOURCE</div> <div></div> <div>ADDRESS (Business Address Acceptable)</div> <div></div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div></div> <div> <div>DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)</div> <div>/ / \$</div> <div>/ / \$</div> <div>/ / \$</div> </div>

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Luis A. Alejo

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

NALED 28th Annual Conference

ADDRESS (Business Address Acceptable)

1122 W. Washington Blvd, 3rd Floor, L.A., CA 90015
CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

DATE(S): 6/22/11 - 6/26/11 AMT: \$ 2207.78
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Attended Conference

For Travel, hotel, and conference fee.

► NAME OF SOURCE

NALED 7th Annual Nat'l Summit on Education

ADDRESS (Business Address Acceptable)

1122 W. Washington Blvd, 3rd Floor, Los Angeles, CA 90015
CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

DATE(S): 7/25/11 - 9/28/11 AMT: \$ 1651.92
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

For Travel, lodging and meals

Comments:

► NAME OF SOURCE

CA Latino School Board Assn - Unity Conference

ADDRESS (Business Address Acceptable)

P.O. Box 7624, Moreno Valley, CA 92553
CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

DATE(S): 10/8/11 - 10/9/11 AMT: \$ 511.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

For Lodging / meals

► NAME OF SOURCE

Independent Voter Project Business Leadership Conference

ADDRESS (Business Address Acceptable)

101 W. Broadway, Ste 1460, San Diego, CA 92101
CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 11/13/11 - 11/17/11 AMT: \$ 1630.2
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

For Travel, lodging and meals

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Luís A. Alejo</u>

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE
CA Issues Forum - New Dem Policy Retreat
ADDRESS (Business Address Acceptable)
1717 F Street, Sacramento, CA 95811
CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 12/13/11 - 12/14/11 AMT: \$ 375.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description

For lodging/meals

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE
American Israeli Education Foundation
ADDRESS (Business Address Acceptable)
251 H Street Northwest, Washington DC 20001
CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 12/5/11 - 12/11/11 AMT: \$ 8926.41
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description

For Travel, lodging and meals

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: _____